| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000                |  |   |                                     |                            |                                 |                                      |       |                     |                                       |               |                     |                        |
|---|--|---|-------------------------------------|----------------------------|---------------------------------|--------------------------------------|-------|---------------------|---------------------------------------|---------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                     |                            |                                 |                                      |       | SMALL EN            |                                       | OR            | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS  |  |   | 5.                                  |                            |                                 |                                      |       | RATE                | FEE                                   |               | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                        |                            | NUMBER EXTRA                    |                                      |       | BASIC FEE           | 355.00                                | OR            | BASIC FEE           | · 710.00               |
| TOTAL CHARGEABLE CLAIMS   |  |   | √ minus 20=                         |                            | · 8                             |                                      |       | X\$ 9=              |                                       | OR            | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | ( minus 3 =                         |                            | . 9                             |                                      |       | X40=                |                                       | OR            | X80=                |                        |
| MUL   | TIPLE DEPEND   | DENT CLAIM PR                             | RESENT                              |                            |                                 |                                      |       | +135=               |                                       | OR            | +270=               |                        |
| * If t  | he difference i  | ess than ze                               | ss than zero, enter "0" in column 2 |                            |                                 |                                      | TOTAL |                     | OR                                    |               | H0.00               |                        |
| CLAIMS AS AMENDED - PART II OTHER   |  |   |                                     |                            |                                 |                                      |       |                     |                                       | THAN          |                     |                        |
| · 911   | 4R5_   | (Column 1)                                | (Column 2)<br>HIGHEST               |                            |                                 | (Column 3)                           |       | SMALL               | · · · · · · · · · · · · · · · · · · · | OR            | SMALL               |                        |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |                                     | NUMBER PREVIOUSLY PAID FOR |                                 | PRESENT EXTRA                        |       | RATE                | ADDI-<br>TIONAL<br>FEE                |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total • / C  |   | Minus                               | us                         |                                 | =   f   =                            |       | X\$ 9=              |                                       | ÓR            | X\$18=              |                        |
|   | Independent  | Minus ••• Ø                               |                                     | <u> </u>                   | = / -                           | -                                    | X40=  |                     | OR                                    | X80=          |                     |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /             |   |                                     |                            |                                 |                                      |       | +135=               |                                       | OR            | +270=               |                        |
|   | (Column 1) (Column 2) (Column 3)                             |   |                                     |                            |                                 |                                      |       | TOTAL<br>ADDIT, FEE |                                       | OR            | TOTAL<br>ADDIT, FEE |                        |
|   |  |   |                                     |                            |                                 |                                      |       | ADDIT. FEE          |                                       |               | A0011.7 EC          |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUN<br>PREVI               | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                     |       | RATE                | ADDI-<br>TIONAL<br>FEE                |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total .  | •   | Minus'                              | **                         |                                 | =                                    |       | X\$.9=              |                                       | OR            | X\$18=              |                        |
| AME   | Independent  | •   | Minus                               | ***                        | <del>- 0: 404</del>             | = -                                  |       | X40=                |                                       | OR            | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                                     |                            |                                 |                                      | j     | +135=               |                                       | OR            | +270=               |                        |
|   |  |   |                                     |                            |                                 |                                      |       | TOTAL<br>ADDIT, FEE |                                       | OR            | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                | ADDII. FEE                          |                            |                                 |                                      |       |                     |                                       |               |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUI<br>PREV                | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA                     |       | RATE                | ADDI-<br>TIONAL<br>FEE                |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | • •                                       | Minus                               | ••                         |                                 | =                                    |       | X\$ 9=              |                                       | OR            | X\$18=              |                        |
| ME  | Independent  | • .                                       | Minus                               | •••                        |                                 |                                      |       | X40=                |                                       | OR            | X80=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                                     |                            |                                 |                                      |       | <del></del>         |                                       | 1             | <b></b>             |                        |
| * If the entry in column 1 is less than the entry in column 2, write "o" in column 3. |  |   |                                     |                            |                                 |                                      |       |                     |                                       |               |                     |                        |
| *   | If the "Highest Nu<br>"If the "Highest Nu<br>The "Highest Nu | mber Previously P                         | aid For IN THI<br>Paid For IN TH    | S SPACE<br>IS SPACE        | is less that<br>is less th      | an 20, enter "20<br>an 3, enter "3." |       | ADDIT. FEE          |                                       | OR<br>ix in a | ADDIT. FEE          |                        |

Application or Docket Number